



Impact Driven Disaster Response The Katrina Legacy

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Our Goal

- Creating a disaster ready healthcare community characterized by impact driven “response-ability”. Impact driven means we can manage the many effectively so we can manage the one safely.
- Matching surge capacity and surge capability.



Which Requires-Before The Storm

- Being prepared to know it all, all the time, about everything, in one place, in real time, both during our day job and in a disaster. Situational awareness in its most meaningful sense.
- Using the knowledge before, during, and after an event to attain situational awareness and response capability and clarity, to save lives, maintain organizational competency and not make any mistakes or embarrass myself or my organization.

Principal One

- Impact driven “response-ability” requires a strong communication structure including the who, how and what we communicate about the event, my “community” and the known and unknown. It is a journey not a destination because.....







NO Food
BEING
SERVED

AUTOMATIC
CAUTION
DOOR

ST. ELIZABETH SETON
CATHOLIC CHURCH

4900 RILEY ROAD
OCEAN SPRINGS
875-0634

GIVING AWAY CLOTHING, FOOD, BABY SUPPLIES
TO ANYONE WHO ASKS

Biloxi
Internal
Medicine
Clinic
WILL
REOPEN
MONDAY
SEPT. 12
8:00 AM

AUTOMATIC DOOR - STAND CLEAR

NO
BATHROOMS

THE FOLLOWING INFORMATION
WILL BE POSTED
MONTHLY REPORT
AND
NOT REPRODUCED
EXCEPT BY THE
BUREAU OF THE
FEDERAL BUREAU OF
INVESTIGATION
U.S. DEPARTMENT OF JUSTICE



Principal Two

- A good communication structure will help overcome the certainties of any disaster including:
 - That the disaster will always be more complex than your planning.
 - That many voices will have opinions about what should be done including some working against your best efforts.
 - Of all the information you receive much of it will be wrong.

Principal Three-In Healthcare Good Communication Does Not Exist in Nature

- A vertical, “silo-ed” healthcare delivery system that impedes rather than promotes communication or flexibility;
- A lack of a common information infrastructure;
- A challenge to turn competition into co-opetition
- A disconnect between disaster preparedness efforts and the challenges we face every day in healthcare;
- A response system that is also fragmented and “silo-ed”.

Yet Impact Driven Response Requires Communication Because

- The many will only nominally be directed by traditional response structures
- That they will come by car, bus, helicopter and plane
- That they will want to come to where they are used to receiving care regardless of what has been deployed in the Kmart Parking Lot





Principal Four

- Communication leading to impact driven “response-ability” must be about more than just patients because there are hidden drivers presenting obstacles that will with 100% certainty occur.

Issues Both Visible and Hidden That Impact Your Response-Ability

- Staff-Both during and after the event, including who shows up, retention, communication, housing, feeding, their own losses, community drivers-schools, churches.
- Supplies and supply chains- when the trucks don't run, the roads are closed and your cash is gone
- Resources- do you know the Wal Mart manager?
- Transportation and Fuel-The pipeline is out is not an answer
- Facilities- Yesterday we had a hospital
- Communication- Cell phones down, land lines gone, mail not running, cable out, carrier pigeons gone.

More

- Philosophy- Ownership and organizational culture count
- Volunteers-The ones we know and don't know
- Donations-Why are we getting winter clothes when we need cash
- Knowing your community- surviving is a team sport
- Security- Dealing with fear with a tank is a start
- IT- A computer under a plastic bag may be dry but..
- Financial-Including post event cash, bottom line management and business interruption.
- The response structure-We are here to help?

Communication Strategies Must Therefore Atomize Events By

- Focus on the management of patients-our day job
- Focus on the management of resources-human and supplies to support our day job
- Focus on the movement of knowledge and sorting through conflicting confusing views to deal with the hidden drivers

The Alabama Approach to Communication Driven Response

- A strong lean forward leadership at Public Health
- Established a Medical Transfer Center with the sole goal of managing surge capacity and owning the problem til solved.
- Used a robust software program called AIMS which gave the Medical Transfer Center near real time situational awareness of medical response capability

AIMS Finds Help On the Fly



Connect Otherwise Competing Providers and Health Systems Together Around the Patient for the Patient's Benefit

Incident Management - Main Menu

AIMS ALABAMA INCIDENT MANAGEMENT SYSTEM

Current Incident
HURRICANE KATRINA

3:50:07 PM

HOSPITAL10

Home

Status


- Alerts
- Beds
- Casualties
- Notifications
- Patient Situation
- Staff
- Supplies
- Utilities

Requests

- Patient Transfer
- Staff Request
- Supply Request

Miscellaneous

- Contacts
- Home / Status
- Notification Track
- Room Status
- Exit



Welcome to AIMS.
Your system for effective emergency management.

Hospital Status

☒ Hospital is Open
☐ Hospital is Closed

Save Status

Hospital Information Status

☒ Share
☐ Do not Share

Set Status

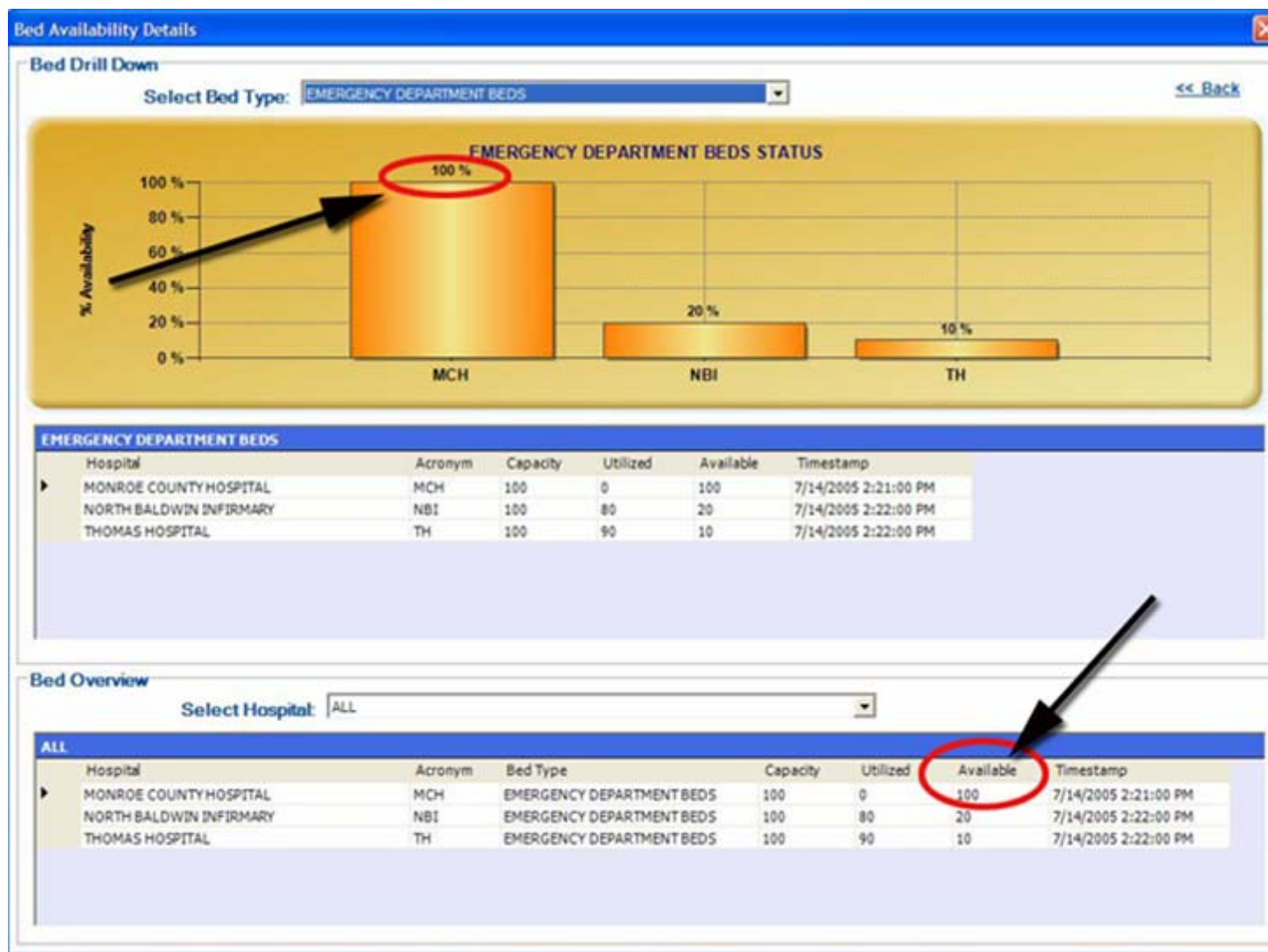
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Emerging Health Technologies
University of South Alabama

And a Tool for Public Health and Emergency Management



Resource/Patient Routing



Bi-Directional Information

Incident Management - Notifications / Alerts						
AIMS ALABAMA INCIDENT MANAGEMENT SYSTEM		HURRICANE KATRINA		Refresh	Setup Area	Exit Application
		HURRICANE KATRINA		3:52:27 PM		
Summary	Alerts	Casualties	Patient Flow	Requests	Status	Utilities
Alerts Summary						
Alerts						
Hospital	Reference	Initial Comments	Followup Comments	Response	Timestamp	
▶ PCRK	UTILITIES	lights in ER need repair ASAP	yes	URGENT	6/21/2005 10:35:00 AM	
PCRK	STAFF	Need 240 cots or sleeping accommodations for staff and	found 120 cots sending now	URGENT	5/11/2005 3:39:00 PM	
PCRK	SERVICES	Need security at ER	if security got there please let us kno	URGENT	5/11/2005 3:28:00 PM	
PCRK	FOOD	running low on formula and food for toddlers	Need 72 hour supply for infant to age	URGENT	5/11/2005 2:57:00 PM	
THP2	ER ISSUE(S)	This is a test	another test	RESPONSE R	6/24/2005 9:24:00 AM	
THP1	FACILITY	we nearly full	ok	RESPONSE R	6/14/2005 8:28:00 AM	
PCRK	PATIENT ISSUE(S)	10 highly infectious pts need ems transfer to a facility	help on way	RESPONSE R	6/6/2005 3:30:00 PM	
THP1	COMMUNITY ISSUE(S)		what was the question??	NORMAL	7/5/2005 1:50:00 PM	
PCRK	PATIENT ISSUE(S)	we need more isolation capacity		NORMAL	6/6/2005 3:26:00 PM	
PCRK	COMMUNITY ISSUE(S)	will not take special needs shelter pts	you have too no where else to send	NORMAL	6/6/2005 3:11:00 PM	
PCRK	FOOD	received	no further comment	NORMAL	5/11/2005 3:19:00 PM	

There is No *One* Tool

Disasters Require:

- Fax
- Web
- VTC
- Software-Aims
- Push to Talk
- Email
- Phone
- GIS and DATA



But, There Can be a *Path*:

- That path is a paved communication highway supported by public health, hospital associations, hospitals, caregivers and others that gains broad buy-in, and delivers event specific impact value through its operational use to our “community”.

Impact Driven Success (Sometimes)

- By Car- Forward deployed triage teams to local hospitals and daily conference calls-to response to issues raised by communication.
- By Bus- Forward deployed public health teams to Mississippi with sat com to help direct transfers and get the information right.
- By helicopter-Direct communication with the Coast Guard to match transfers to facilities
- By Plane- Admittedly little success with the feds.

Impact Driven Lessons

- YOYO does indeed apply which requires a broader community and heightens the need for good communication.
- The power of the group works and can achieve great results when we communicate.
- And

Meeting Our Impact Driven Goals

AIMS during Katrina - a part of a lean forward response:

- 24x7 support
- 98% online reliability
- 83 hospital users
- 7 medical needs shelters
- Over 30,000 data entries
- Situational Awareness and Response-ability

Impacting the Future

- Disasters are local, response is local, response-ability can be achieved locally or regionally assuming good leadership, good communication tools and support.
- Expanded awareness of the lessons learned and best practices of response must be shared.
- Planning must include cross borders, cross industry and cross agency neither mother nature nor bugs understand state lines or org charts.

Center for Strategic Health Innovation

D2HawkeyeExplorer :D2HawkeyeExplorer

Back Site Map For Cycle Period January 2002 thru December 2003

D2HawkeyeExplorer | Ask D2Hawkeye | Report Manager | About D2Hawkeye

Cost and Utilization Manager | **Quality Manager**

Medical Rx Generic Issues Quality and Risk Measures

Care Manager | **Audit Manager**

Individual Analysis Demography Financial Analysis

Financial Manager | **Knowledge Manager**

Provider Profiler Spikes



REMEDE - A Picture of Health
Representational Medical Environment for Data Exchange

Search (advanced search)

[Contribute](#) | [Web Resources](#) | [Fast Facts](#) | [Calendar](#) | [Advanced Search](#) | [Site Statistics](#) | [Request Information](#) | [Results](#)

Welcome to REMEDE, search Friday, August 26 2005 @ 09:38 AM CDT

Topics
Home
General News (56)

Admins Only
Stats Pages (4)
Documentation (N/A)

User Functions
My Calendar
Account Information
Preferences
Log Out

Events
There are no upcoming events.

Links
REMEDE
Claims Data
Home Monitoring Data
AMS
AMS
AMS

REMEDE Picture Gallery
Enter Gallery

Who's Online
Search

What's New
STORIES
No new stories.
COMMENTS
No new comments.
LINKS
No new links.
• Add
• Home Monitoring
• Claims Data

No News to Display
There are no news stories to display. There may be no news for this topic or your user preferences may be too restrictive.



HURRICANE KATRINA
Status: HURRICANE KATRINA
Refresh Setup/View Exit Application 3:47:04 PM

Staff Status

Category	% Staff Available
BLMC	34%
H1	69%
H2	38%
H3	38%
H4	62%
H5	44%
PCRK	43%

Patient Flow - Patients in ED / Triage

Category	# of Patients
BLMC	140
H1	260
H2	80
H3	10
H4	25
H5	97
PCRK	34

Patient Transfer Request

Category	# Transfer Requests
BLMC	17
H1	85
H2	92
H3	10
H4	6
H5	132
PCRK	1

Hospital Status

Hospital	Status
H1	OTHER
H2	ER ISSUES
H3	OTHER
H5	STAFF

Alerts

Hospital	Reference	Initial Comments	Followup Comments	Response	Timestamp
H1	OTHER	TEST FOR MESSAGE FLOW	TEST FOR MESSAGE FLOW	NORMAL	4/26/2004 4:00:00 PM
H2	ER ISSUES	ping for additional help	ping for additional help	NORMAL	4/26/2004 2:41:00 PM
H3	OTHER	additional resources dispatched according	additional resources dispatched	NORMAL	4/26/2004 8:58:00 AM
H5	STAFF	I have dispatched an additional 10 volun	I have dispatched an additional 10 volun	NORMAL	4/26/2004 11:09:00 AM

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